

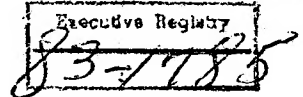
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United States Department of State

Washington, D.C. 20520

March 28, 1983



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(With ~~CONFIDENTIAL~~ Attachment)

MEMORANDUM FOR MR. WILLIAM P. CLARK  
THE WHITE HOUSE


SUBJECT: United States International Population Policy,  
Assistance, and Organization

Attached please find the report requested in your memorandum  
of June 1, 1982. This is a joint State-AID report.

  
Charles Hill  
Executive Secretary

Attachment:

As stated.

cc: OVP - Mr. Donald Gregg  
✓CIA -   
Defense - COL John Stanford  
HHS - Miss Mary Frances Lowe  
OMB - Mr. Alton Keel  
OPD - Mr. Edwin Harper  
OSTP - Dr. George Keyworth  
Treasury - Mr. David Pickford

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1. "What assumptions underlie U.S. policy and assistance, and what are the bases for these assumptions?"

Answer: One must begin with the demographic realities. Even with birth rates on the decline, the world's population will probably rise by nearly two billion people in the last two decades of the 20th century--the equivalent of adding 40 new countries of the current size of Egypt. Ninety percent of this growth will occur in the world's low-income countries. In most of these countries, the annual increments to population size are growing larger. Areas of strategic and economic importance, including Central America and the Caribbean, Egypt, Turkey, Nigeria, Kenya, Indonesia, the Philippines, Pakistan and India, face a potential doubling of population in the next 20-30 years. Unless birth rates can decline more rapidly, many already crowded countries will triple their populations within the next three generations.

Underlying U.S. policy is the recognition that these unprecedented demographic changes have important political, economic, security, and human implications. Assistance to friendly countries in addressing population growth problems has been an important element of U.S. foreign policy for two decades. The Foreign Assistance Act (section 104) states: "The Congress recognizes that poor health conditions and uncontrolled population growth can vitiate otherwise successful development efforts," and that "...voluntary population planning programs can make a substantial contribution to economic development, higher living standards, and improved health and nutrition."

At Economic Summit meetings, the President joined the leaders of other major industrialized nations in declaring that, "We are deeply concerned about the implications of world population growth....We recognize the importance of these issues and will place greater emphasis on international efforts in these areas" (Ottawa, 1981); and "We will give special encouragement to...programmes to address the implications of population growth" (Versailles, 1982). In a December 1982 personal message to a conference of Western Hemisphere parliamentarians in Brasilia, the President expressed "concern over rapid population growth and its effects on the process of economic development."

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Secretary Shultz, in February 1983 testimony to Congress, stressed the importance of U.S. population assistance, noting that "rampant population growth underlies the Third World's poverty and poses a major long-term threat to political stability and our planet's resource base." In a recent telegram to all Ambassadors and AID Mission Directors, AID Administrator McPherson stated: "Family planning programs are an essential element of the U.S. development assistance strategy, and this Administration has reaffirmed a 20-year U.S. commitment to voluntary family planning efforts."

Behind these policy statements is a substantial body of analysis on the effects of modern population growth in the Third World and on the utility of voluntary family planning programs in reducing fertility and improving the health of mothers and children. These conclusions are based on empirical evidence gathered in numerous developing countries, on both family and macroeconomic levels, by analysts of many nationalities, as well as by such institutions as the World Bank, United Nations agencies, and the National Academy of Sciences.

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2. "What are the objectives of U.S. international population policy and programs and their relationship to the U.S. security, foreign policy, and other interests?"

Answer: Objectives of U.S. Population Policy and Programs

As with other forms of development aid, the general objective of U.S. population assistance is to promote economic development and political stability by improving the human condition in friendly countries which ask for our assistance. Population programs are designed as a necessary complement to other humanitarian development efforts aimed at reduction of poverty and improvement in the quality of life.

The U.S. and other donor countries cannot indefinitely provide the growing resources needed to feed, train, and create jobs for continually rising numbers of poor in the Third World. Thus, failure to help in reducing the pressure of population growth risks undercutting U.S. development and security assistance. Relatively small outlays for population programs at this time may save us much larger sums for emergency food assistance and/or military peace-keeping assistance in the future.

The specific objective of U.S. international population assistance is to aid countries requesting such help in the development and implementation of humane population policies and voluntary family planning programs. U.S. aid is directed at strengthening local institutions, including the private sector; training health, demographic, and other personnel; providing medically approved methods of family planning; assisting in demographic data collection and policy analysis; and supporting population-related biomedical and social science research.

Relationship to U.S. Security and Foreign Policy Interests

The historically unprecedented growth of population in many parts of the Third World represents a potentially destabilizing phenomenon. The proportion of industrialized countries' population in the world's total, which was one-third in 1950, will probably decline to only one-fifth by the year 2000. The number of young adults (ages 20-39) will increase in the North by 20 million between 1980 and 2000--in the

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South, by 600 million. (This is not a "projection," as these individuals are already born.) Within developing countries, there is a widening income gap between the rich, elite classes (who generally practice family planning) and the poor (who generally do not).

Population factors--including rapid urbanization and differential growth rates among a country's ethnic or social groups--complicate solutions to a range of other problems and can limit a government's ability to meet changing social and economic demands. These demographic changes affect the prospects for economic development, diverting resources from investment to consumption, and exacerbating problems of malnutrition, overcrowded cities, unemployment among socially volatile young adults, deforestation and environmental degradation. Recent CIA studies of several key countries indicate related potential dangers of political instability, extremism, urban crime, mass migration, and possible conflicts over scarce resources.

Our interests in many of these countries include--in addition to our traditional concern for human welfare and dignity--such geopolitical factors as strategic location, military bases, supply of oil or other critical raw materials, and markets for U.S. exports and safety of U.S. investments.

In the Middle East, for example, the four most populous nations--Turkey, Egypt, Iran, and Pakistan--are experiencing in varying degrees the complex effects of rapid population growth. In each of these countries, dependence on food imports and unemployment/underemployment are already serious concerns, and the labor pool is growing at an alarming pace. Political instability in this region would imperil vital U.S. interests, weakening the southern flank of NATO and our Indian Ocean capability.

Other countries affected by demographic pressures include such key suppliers of U.S. petroleum imports as Indonesia, Mexico, and Nigeria--already heavily populated nations with high rates of population growth. They also include countries like Bolivia, Brazil, Morocco, the Philippines, Zimbabwe, and Thailand, which supply essential U.S. imports of

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minerals for defense production. Problems of unemployment/underemployment and wage differentials, aggravated by high population growth, also contribute to pressures for migration to the United States from Mexico, Central America, and the Caribbean.

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3. "What major factors affect population growth and to what extent? Assuming economic growth is a major factor in affecting population growth, what kinds of trade-offs or considerations should be weighed in allocating financial assistance between such programs with other countries?"

Answer: Rapid population growth in the Third World is a post-World War II development directly attributable to substantial declines in death rates, resulting from widespread improvements in nutrition and health, while birth rates remained at traditionally high levels.

High fertility in less developed countries reflects such factors as economic benefits from larger families, cultural and religious mores, low status of women, and unavailability and/or ignorance of effective means of contraception. Traditionally, many societies have prevented unwanted children through such practices as infanticide, abortion, and abandonment.

Economic growth is an important factor in reducing birth rates. In the now-industrialized countries, however, the "demographic transition" to lower fertility occurred over many decades, and under conditions of smaller population growth rates, higher income, and greater possibilities for emigration than is the case for the Third World. Moreover, the numbers involved today are much greater, and the youthful age structure--40 to 45 percent of a population under 15--means that there will be a dramatic increase in potential parents in the coming decades. For example, the number of women of child-bearing age in Mexico will grow from less than 6 million in 1960 to nearly 25 million by 2000. Even if these future parents have fewer children, there is a built-in momentum which prevents a rapid decline in population growth. Thus, for many developing countries, continued growth in numbers is itself proving a major obstacle to the kind of economic development which might theoretically lead to smaller family size.

Some aspects of the development process--e.g., urbanization, improved income distribution, education and employment of women--contribute to a desire for smaller family size. In order, however, for changed attitudes to be reflected in lower birth rates within a reasonable time-frame, it is essential that couples have access to modern methods of family planning.

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Numerous research studies indicate that countries with improving socioeconomic conditions combined with family planning programs experience the greatest decreases in population growth rates. While population aid alone will not solve the problems of economic development, most observers agree that lasting progress can only be made when family planning and population programs are an integral element of national development efforts. The sheer logistics involved in reaching tens of thousands of rural villages with family planning information, services, and follow-up, and in training adequate numbers of medical and paramedical personnel, imply that most developing countries require some external support.

Therefore, as has been clearly expressed at many international meetings in an almost unprecedented consensus of North and South, an effective development strategy should include not only general development aid but also population assistance. The "trade-off" cannot be determined mechanistically: as with other development sectors, country allocations will be determined by the need for specific programs, governmental commitment, absorptive capacity, and popular interest and participation.

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4. "What are the interests, policies, and activities or programs in the population area of those governments which the United States cooperates with or assists?"

Answer: A fundamental rationale for family planning programs (first enunciated at the 1968 International Conference on Human Rights), was ratified by virtually every country in the world at the 1974 World Population Conference: "All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so."

Over the past decade, the number of developing countries with official policies supporting population and family planning activities has increased from 36 to 67. Over 90 percent of the developing world's people live in countries with some kind of population policy: 79 percent live in 35 countries where the official policy is to reduce population growth, while an additional 14 percent live in countries where support for family planning is based solely on a human rights and health rationale. Developing countries are also devoting more of their own resources to this sector. A decade ago more than half of LDC population activities was financed by external donors; today, at least 60 percent is provided by the developing countries themselves.

The need for population policies and programs has been reiterated in such major expressions of international consensus as the UN International Development Strategy for the 1980's, the Substantial New Program of Action for the Least Developed Countries (September 1981), the International Conference of Parliamentarians on Population and Development (Colombo 1979), and in regional conferences of African, Asian, and Western Hemisphere parliamentarians in 1981 and 1982. LDC interest in population and family planning activities is being emphasized with increasing frequency and urgency by Third World leaders in such recent international fora as the June 1982 session of the UNDP Governing Council. Within the past two years, such world leaders as Soeharto of Indonesia, Marcos of the Philippines, Moi of Kenya, de la Madrid of Mexico, Bourguiba of Tunisia, Mubarak of Egypt, Ahidjo of Cameroon, Figueiredo of Brazil, Nyerere of Tanzania, Senenayake of Sri Lanka, Zia of Pakistan, Gandhi of India, Bagaza of Burundi, and the King of Nepal, have publicly called for increased domestic and international efforts to address population problems.

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TABLE 1

TWENTY MOST POPULOUS DEVELOPING COUNTRIES: CHANGES IN CRUDE BIRTH RATES 1965-1982,  
AND CUMULATIVE SHARE OF TOTAL LDC BIRTHS FOR 1982

(Countries receiving significant amount of A.I.D. population assistance during 1965-1982 are underlined)

Country	1982 Population (millions)	Crude Birth Rate		Estimated 1982 Births (millions)	1982 Country Births as Percent of Total LDC Births	
		1965	1982 Percent Change		Percent	Cumulative %
1. China	1,000	33	18	18.0	16.4	16.4
2. India	714	43	35	25.0	22.7	39.1
3. Indonesia	151	45	34	5.1	4.6	43.7
4. Brazil	128	40	32	4.1	3.7	47.4
5. Bangladesh	93	50	47	4.4	4.0	51.4
6. Pakistan	93	47	44	4.1	3.7	55.1
7. Nigeria	82	51	50	4.1	3.7	58.8
8. Mexico	71	44	32	4.1	2.1	60.9
9. Vietnam	57	42	37	2.3	1.9	62.8
10. Philippines	52	42	34	2.1	1.6	64.4
11. Thailand	50	43	28	1.4	1.3	65.7
12. Turkey	48	40	33	1.6	1.5	67.2
13. Egypt	45	42	43	1.9	1.7	68.9
14. Iran	41	46	44	1.8	1.6	70.5
15. S. Korea	41	36	19	0.8	0.7	71.2
16. Burma	37	41	39	1.4	1.3	72.5
17. Ethiopia	31	50	50	1.6	1.5	74.0
18. Zaire	30	48	46	1.4	1.3	75.3
19. Colombia	26	42	28	0.7	0.6	75.9
20. Morocco	22	50	45	1.0	0.9	76.8
Total LDCs listed	2,812	40	30	84.6		
Total LDCs	3,434	40	32	109.9	100.0	
Total World	4,585	36	28	128.4		100.0

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## 5. "What have U.S. population assistance programs achieved?"

Answer: U.S. population assistance flows through multi-lateral, bilateral, and private channels to over 110 countries. U.S. programs have played a major role in about 30 countries and a complementary role in the remaining 80 countries, through projects of the United Nations and private organizations. This assistance has helped to improve the health and well-being of millions of individuals and families, while contributing to improved prospects for national economic development.

A growing body of data documents a correspondence between the practice of family planning and declining birth rates in a large number of countries receiving AID population assistance, as shown in the accompanying table. Declines have been particularly large in East/Southeast Asia and in Latin America, where U.S. aid has been concentrated. In South Korea, for example, the population of married women of child-bearing age practicing family planning rose from nine percent in 1964 (before U.S. assistance) to 55 percent by 1980; in Colombia, from 23 percent in 1969 to 49 percent in 1980; in Thailand, from 15 percent in 1970 to an estimated 60 percent currently; in Indonesia, from ten percent in 1973 to an estimated 40 percent currently.

The high standards of U.S. assistance have also influenced population policies of other donors and host countries. This U.S. leadership role has contributed to increasing the LDC share of total program costs to at least 60 percent; establishing standards for humane implementation of family planning programs; strengthening the UN's multi-lateral efforts through encouraging greater support from other donors; developing safer, cheaper, and better methods of family planning; augmenting the private sector's role in delivery of services; improving program management; generating better demographic and population data; and upgrading the quality of medical and paramedical personnel engaged in maternal/child health and family planning programs.

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6. "What are the present and prospective assistance programs with other countries and contributions to private and United Nations organizations in the population area?"

Answer: Current annual expenditures from all sources for population and family planning programs in the developing world (exclusive of China) are about one billion dollars annually. Approximately \$400 million of this total comes from external donors, the remainder from LDC's themselves.

In FY 1983, the U.S. allocated \$211 million for international population programs, or only two percent of total economic and security assistance. Of this, approximately \$91 million or 43 percent, is in bilateral government-to-government agreements, including \$12.4 million for Africa, \$15.0 million for Latin America, \$2.1 million for the Near East, and \$61.1 million for Asia; major Asian programs include \$24.8 million for Bangladesh, \$16.6 million for India, \$6.0 million for Indonesia, \$6.0 million for the Philippines, and \$5.1 million for Thailand.

Centrally funded projects amount to \$120 million, or 57 percent of the total. This includes \$33.8 million to the United Nations Fund for Population Activities (UNFPA) and \$11.5 million to the International Planned Parenthood Federation (IPPF). The central budget also funds biomedical and social science research; policy development and demographic data projects; and training, education, and service delivery activities provided by private organizations to many LDC's, including a large number not covered under bilateral agreements--such as Mexico, Brazil, Nigeria.

Support of population programs from other donor countries has increased considerably, from under one-third of total population aid in the early 1970's to about half at present. The U.S. share of UNFPA's budget has declined, from 35 percent between 1967 and 1970, to 25 percent in FY 1983. Other major donors to UNFPA include Japan, Germany, Canada, the Netherlands, the U.K., and the Scandinavian countries; in addition, over 40 developing countries add their own voluntary contributions to the work of this organization. World Bank loans in this area amount to less than one percent of total annual lending, but President A. W. Clausen has expressed an intention to expand the Bank's role in addressing population growth issues.

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With regard to prospective assistance, LDC's have greatly increased requests for population aid. There is now a backlog of over \$100 million in requests to AID which cannot be funded from current budgets. Substantial additional assistance will be essential because of an anticipated doubling in the number of child-bearing women between 1975 and the year 2000, coupled with a decline in buying power of donor support. For example, AID's FY 1983 program of \$211 million, although \$88 million more than the FY 1972 level, is actually \$31 million lower in constant dollars, or a one-quarter reduction in buying power.

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7. "Are these programs and the activities of the organizations consistent with the U.S. Government's domestic programs, practices, or approach in population matters, and would they, in effect, be acceptable or practiced in the United States? How is such consistency monitored and what actions are taken in the event of inconsistency?"

Answer: U.S. international population assistance operates under the same principles as domestic family planning programs. These include voluntary participation, provision of high-quality services, and offering of a wide variety of family planning methods, including natural family planning, in order to maximize individual choice. AID regulations on such specific matters as ensuring informed consent for sterilization, and the prohibition of abortion-related activities, are incorporated into all grant and contract documents. It is also AID's general practice to provide to other countries only those contraceptives which have U.S. Food and Drug Administration approval for use in the U.S. After a grant or contract is awarded, it is closely monitored by AID through administrative review and post-audit, to ensure full compliance with policies. AID will not support programs where these standards are not followed.

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8. "More specifically, are U.S. funds contributed to countries or to private or international organizations that finance or encourage coercive measures or abortion? If so, what is the rationale for such programs or contributions?"

The U.S. does not support programs where there is any coercive element or compulsion to accept a particular method of family planning. Recognizing that a given contraceptive method may not be suitable for every couple under every circumstance, AID-supported programs are required to provide information to prospective clients on various methods of family planning, and to refer them if necessary to other organizations in order to ensure a free and informed choice.

AID policy, in pursuance of Section 104(f) of the Foreign Assistance Act, prohibits support for abortion or abortion-related activities, including research on methods of abortion, procurement or distribution of abortion-related equipment, payment of fees or training of individuals to perform abortion, and support for information or communication programs which promote abortion as a method of family planning.

All AID-funded population contracts and grant agreements with private and voluntary organizations (PVO's) and with host governments incorporate language to prohibit use of AID funds for abortion-related activities; PVO subgrant agreements also incorporate such prohibitions. In the few instances where private organizations directly or indirectly support abortion-related programs with other donor funding, AID contractual agreements, administrative reviews, and audit procedures ensure that no U.S. funds are utilized for prohibited purposes. In the case of UN organizations, it is clearly understood by these organizations that no U.S. funds will ever be used for activities prohibited under U.S. law, and in 1982, UNFPA assured the U.S. Government that it was not then supporting abortion activities, nor did it plan to in the future.

At least 98 percent of the total program of these organizations is devoted to health and family planning activities; the United States supports this element of their programs because it represents the primary objective of our international population assistance program. Furthermore, evidence from several developing countries shows that abortion rates generally decline when effective methods of family planning are provided as an alternative to couples who desire to limit family size.

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9. "Are U.S. cooperative or assistance programs entirely voluntary on the part of the foreign government? Does the U.S. in any way condition or link other forms of assistance to acceptance of assistance or programs in the population area? What expenditures does the U.S. have for promoting population programs in other countries, and should we have expenditures for promotion?"

What expenditures/programs does the U.S. have for analyzing the implications of population growth?"

Answer: Acceptance of population programs by a host government is not a precondition for AID development assistance. U.S. population assistance is subject to conditions similar to those applied to other sectors of development--namely, needs and desire for assistance, voluntarism, sociocultural acceptability, and absorptive capacity.

The U.S. does not promote programs contrary to the policies of sovereign countries. AID has worked with LDC government agencies, universities, research institutes, and private organizations, at their request, to study and analyze development problems, to explore factors that contribute to these problems, and to assist in developing appropriate responses. Activities supported include provision of population information and access to scholarly work on population, research, training, and computer models. AID also supports social science research, demographic data collection, vital registration, censuses, and sample surveys--all necessary for the analysis of implications of population growth, the study of social and economic determinants of fertility, and the evaluation of family planning and development projects.

In FY 1983, about \$30 million, or 14 percent of the AID population budget, is allocated for demographic, social science, and operations research and population policy analysis, while \$17 million, or 8 percent, goes for information and education activities.

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10. "What policy and program changes have been made since January 1981, and what principles guide U.S. population assistance programs and contributions? How have the policy, programs, and principles been articulated by Administration officials to date?"

Answer: The Administration has, in various fora detailed on page 1 of this response, reaffirmed the U.S. commitment to support humane population policies and voluntary family planning programs in friendly countries requesting such aid, as an essential element of U.S. development assistance strategy in addressing the implications of continuing rapid population growth in the Third World.

In October 1982, AID issued a "Population Assistance Policy" paper, similar to those approved for other development sectors, which sets forth the current policy emphases. This Administration places particular value, in its population assistance, on principles of voluntarism and informed choice, and on support for programs which are consistent with human dignity, local religious and cultural values, and stability of the family.

New program emphases articulated in the Policy Paper, in regulations and program guidance, in Congressional testimony, and in messages to overseas missions, include the following:

-- Since 1981, the major focus of U.S. population programs has been defined as delivery of voluntary family planning services, fully integrated into general U.S. development assistance.

-- Concerning voluntarism and informed choice, AID will not support programs in which there is any element of coercion to practice family planning or to accept any particular method of contraception. In fact, AID-supported programs must include a description of the effectiveness and risks of all major methods of family planning and an agreement either to provide other family planning methods if requested or to refer couples to programs offering other methods.

-- In consonance with Section 104(d) of the Foreign Assistance Act, AID has reemphasized efforts to integrate or coordinate development programs and policies in various sectors, including population, so as to maximize their combined impact.

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-- In January 1981, AID discontinued funding of research on methods of abortion as a means of family planning. AID continues to gather epidemiological data to assess the incidence, extent, or adverse consequences of abortion. All U.S.-funded population contracts and grant agreements with private organizations and with host governments incorporate language to prohibit AID funding for abortion-related activities.

-- New policy guidance to all missions emphasizes the importance of integrating natural family planning training and services into population programs.

-- Relatively greater program emphasis is being placed on transfer of technology through private sector research into safer and better methods of fertility regulation.

-- The Agency-wide emphasis on policy dialogue with governments will include population and demographic issues where appropriate.

-- AID has reaffirmed its policy of supplying other countries only those contraceptives approved by the Food and Drug Administration for use in the United States.

-- In February 1981, additional AID program guidance concerning voluntary sterilization was issued, further clarifying the requirements for informed and voluntary consent by acceptors of such services.

-- AID does not advocate any specific population growth rate or size for countries it assists.

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11. "Should National Security Decision Memorandum 314 of November 25, 1975, and Mr. Brzezinski's memorandum of May 17, 1977, on this subject be revised and/or updated? What guidelines or alternatives for United States policy and assistance programs and other contributions in this area may be desirable or merit further consideration? How should the U.S. Government be organized for population matters, and where should prime responsibility for international population affairs reside?"

Answer: NSSM-200, "Implications of Worldwide Population Growth for U.S. Security and Overseas Interests," submitted in December 1974, and NSDM-314 were developed under Presidents Nixon and Ford and reviewed and reaffirmed in May 1977. The fundamental findings and policy determinations of these documents have proven a workable basis for U.S. policy. The growing population problems in many key countries, combined with the strengths and experience of U.S. programs, have led this Administration to maintain U.S. leadership in this field. We believe that it would be appropriate and useful to have updated and revised policy guidance, based upon existing statements on this subject by the President, Secretary Shultz, AID Administrator McPherson and other Administration spokesmen, as well as the material presented in these responses.

Concerning the organizational framework for international population matters, the currently shared primary responsibility of the Department of State and the Agency for International Development, with the collaboration as appropriate of such other agencies as NIH, CIA, and Census Bureau, has proven effective over many years. Solution of population problems is an essential part of the development process; therefore, responsibility for program implementation should continue to reside primarily in the Agency for International Development. There are, however, foreign policy and national security implications connected with implementation of population strategy, as well as various diplomatic activities which can enhance the effectiveness of U.S. and international efforts. For these reasons, the Department of State's role in population policy development and coordination, diplomatic activities, and representation remains appropriate.

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